DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155338	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/23/2016

NAME OF PROVIDER OR SUPPLIER **MANORCARE HEALTH SERVICES - PRESTWICK**	STREET ADDRESS, CITY, STATE, ZIP CODE **445 S CR 525 E** **AVON, IN 46123**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	**INITIAL COMMENTS** This visit was for the Investigation of Complaint IN00193266. Complaint IN00193266 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: February 22, 23, 2016 Facility number: 000231 Provider number: 155338 AIM number: 100267900 Census bed type: SNF: 17 SNF/NF: 66 Total: 83 Census payor type: Medicare: 10 Medicaid: 51 Other: 22 Total: 83 Sample: 4 Manorcare Health Services - Prestwick was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00193266. QR was completed by 99993 on 02/24/16.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE